

COVER PAGE

MAR 19 2020

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A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Moore Michel R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Los Angeles Police Department
Division, Board, Department, District, if applicable Your Position
Chief of Police

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Los Angeles County Regional Crime Lab Authority Position: Chair

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County County of Los Angeles
City of Los Angeles Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is through December 31, 2019.
Leaving Office: Date Left (Check one circle.)
The period covered is January 1, 2019, through the date of leaving office.
-or- The period covered is through the date of leaving office.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 8

Schedules attached

Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
100 W. 1st Street Room 1072 Los Angeles CA 90012
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(213) 486-0150 michel.moore@lapd.online

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-19-20 (month, day, year)

Signature (File the originally signed paper statement with your filing official.)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
 (Ownership Interest is Less Than 10%)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Michel Moore

Investments must be itemized.
Do not attach brokerage or financial statements.

▶ NAME OF BUSINESS ENTITY
Alria Group

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Products

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Emerson Electric Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacture

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Discover Financial Services

GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF THIS BUSINESS
Retail Sales

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacture

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/19 ____/____/19
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michel Moore

▶ NAME OF BUSINESS ENTITY
Pfizer, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacture

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Kraft Heinz Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Food Producer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Phillip Morris Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacture

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Mondelez International Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer Food Producer

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Royal Dutch Shell

GENERAL DESCRIPTION OF THIS BUSINESS
Petro

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Western Digital

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacture

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/____ **19** ____/____/____ **19**
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Michel Moore

NAME OF BUSINESS ENTITY: Texas Instrument
GENERAL DESCRIPTION OF THIS BUSINESS: Manufacture
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Linde PLC (Previously Praxair)
GENERAL DESCRIPTION OF THIS BUSINESS: Manufacture
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Comments:

SCHEDULE D
Income – Gifts

Name
Michel Moore

▶ NAME OF SOURCE (Not an Acronym)
Tan Chye Hee

ADDRESS (Business Address Acceptable)
28 Irrawaddy Road, Singapore

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Deputy Commissioner of Singapore Police

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 22 / 19</u>	<u>20.00</u>	<u>Medal</u>
<u>01 / 22 / 19</u>	<u>24.95</u>	<u>Small Plaque</u>
<u>01 / 22 / 19</u>	<u>14.60</u>	<u>Blue Men's Tie</u>

▶ NAME OF SOURCE (Not an Acronym)
Mitch Tavera

ADDRESS (Business Address Acceptable)
1200 W. 7th Street #120, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Security Monitoring

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 20 / 19</u>	<u>32.40</u>	<u>Knife</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Steve Carmona

ADDRESS (Business Address Acceptable)
100 W. 1st Street, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAPD Captain, Gang and Narcotics Division

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 11 / 19</u>	<u>25.00</u>	<u>Baseball Hat</u>
<u>04 / 11 / 19</u>	<u>5.99</u>	<u>T-Shirt</u>
<u>04 / 11 / 19</u>	<u>13.00</u>	<u>Coffee Cup</u>

▶ NAME OF SOURCE (Not an Acronym)
Steve Carmona

ADDRESS (Business Address Acceptable)
100 W. 1st Street, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAPD Captain, Gang and Narcotics Division

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 11 / 19</u>	<u>10.00</u>	<u>Coin</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Eric Rose

ADDRESS (Business Address Acceptable)
801 S. Figueroa Street #1050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reserve Officer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 19</u>	<u>84.50</u>	<u>Pocket Lighter</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Bascom Group

ADDRESS (Business Address Acceptable)
26 Corporate Park, Irvine

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Equity Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 29 / 19</u>	<u>96.95</u>	<u>Omaha Steaks</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Michel Moore

▶ NAME OF SOURCE (Not an Acronym)
Kia Kordestani

ADDRESS (Business Address Acceptable)
213 Murray Street, Ottawa, Ontario

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 03 / 19	\$ 92.77	2018 Silver Coin
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Undersecretary David Glawe

ADDRESS (Business Address Acceptable)
245 Murray Lane SW, Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Department of Homeland Security

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 16 / 19	\$ 34.95	Challenge Coin
10 / 16 / 19	\$ 34.95	Challenge Coin
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Victory Outreach

ADDRESS (Business Address Acceptable)
4160 Eagle Rock Boulevard, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Church

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 19	\$ 109.99	Glass Plaque
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Adelio Angelito S. Cruz

ADDRESS (Business Address Acceptable)
3435 Wilshire Boulevard #550, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philippine Consulate General

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 19	\$ 42.00	Framed Lapel Pins
12 / 27 / 19	\$ 44.99	24 Pack of Beer
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Hazza Alkaabi

ADDRESS (Business Address Acceptable)
1999 Avenue of the Stars #1250, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulate General of the United Arab Emirates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 19	\$ 54.00	Dates
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Geri Hernandez

ADDRESS (Business Address Acceptable)
100 Red Cross Circle, Pomona

BUSINESS ACTIVITY, IF ANY, OF SOURCE
American Red Cross

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 19	\$ 69.99	Glass plaque
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Michel Moore

▶ NAME OF SOURCE *(Not an Acronym)*
 Friends of the Los Angeles Police Foundation

ADDRESS *(Business Address Acceptable)*
 633 W. 5th Street, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Fundraising Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 19	\$ 39.98	5LB Snack Box
12 / 18 / 19	\$ 54.95	Moet Champagne
12 / 19 / 19	\$ 32.95	Wall Clock

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Michel Moore

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 Los Angeles Police Federal Credit Union

ADDRESS (Business Address Acceptable)
 P.O. Box 10188

CITY AND STATE
 Van Nuys, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Credit Union

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1400.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Board Member

▶ If Gift, Provide Travel Destination
 San Diego, Santa Barbara

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____